



**STATE OF MONTANA  
DEPARTMENT OF CORRECTIONS  
YOUTH COMMUNITY CORRECTIONS**

**MEDICATION FINANCE CHECKLIST**

**Date:** \_\_\_\_\_

**Youth's Name:** \_\_\_\_\_

- ☐ **Medicaid**
- ☐ **Private Insurance**
- ☐ **CHIP**
- ☐ **Free Medication Source – www.**
- ☐ **Physician Samples**

**If none of the above sources are available, juvenile placement funds are available.**

**Send completed form to:**    **Financial and Program Services Supervisor  
Youth Services Division  
PO Box 201301  
Helena, MT 59620-1301**